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Kansas Department of Health and Environment Division of Environment Bureau of Air and Radiation

SOLVENT USE OPERATIONS

(Paint Stripping, Cleaning/Degreasing Processes, & Miscellaneous Solvent Use)

| 1) | Source ID Number: | | | | |
|----|------------------------------|------------------|-------------------------------------|------------------------------|---------------------|
| 2) | Company/Source Name: | | | | |
| 3) | Emission Unit Identification | n: | | | |
| 4) | Normal Operating Schedule | e: hrs/yr | | | |
| 5) | Solvents (Attach MSDS for | each solvent): | | | |
| | Chemical Name | C.A.S. Number | Annual Solvent Consumption (gal/yr) | VOC Content (% by weight) | Density (lb/gal) |
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| 6) | | er: | | ıber: | |
| | | ft. Width | | epth: ft. | |

SOLVENT USE OPERATIONS

(Paint Stripping, Cleaning Degreasing Processes, & Miscellaneous Solvent Use) (cont.)

| | Dip Tank: | | | | | |
|-----|---|--|--|--|--|--|
| | Manufacturer: | | | | | |
| | Model Number: Serial Number: | | | | | |
| | Length:ft. Width:ft. Depth:ft. | | | | | |
| | Distance From Solvent Surface To Top of Tank:ft. | | | | | |
| | Freeboard Ratio: | | | | | |
| | Agitation: Yes; No | | | | | |
| | Heated: Yes; No | | | | | |
| | Covered: Yes; No | | | | | |
| | Vapor Degreaser: | | | | | |
| | Length:ft. Width:ft. Depth:ft. | | | | | |
| | Distance From Solvent Surface To Top of Tank:ft. | | | | | |
| | Freeboard Ratio: | | | | | |
| | Temperature:°F | | | | | |
| | Covered: Yes; No | | | | | |
| | Conveyorized Degreaser: | | | | | |
| | Air/Vapor Interface Area:ft ² | | | | | |
| | Conveyor Speed:ft/min | | | | | |
| | Dimensions Of Entrance: | | | | | |
| | Dimensions Of Exit: | | | | | |
| | Average Clearance Between Parts And Opening:in. | | | | | |
| | Openings Covered When Not In Use: Yes; No | | | | | |
| | Other (Describe): | | | | | |
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| 7) | If applying for an operating permit, provide the date of construction or last modification: | | | | | |
| | | | | | | |
| 8) | Is a solvent recovery system employed? Yes; No | | | | | |
| | If yes, describe: | | | | | |
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| | | | | | | |
| | Estimated Percent of Solvent Recovered:% by weight | | | | | |
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| 9) | For oven drying processes, complete form number 6-4.0, the OVEN/DRYER form and duplicate as needed. | | | | | |
| , | | | | | | |
| 10) | For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as neede | | | | | |
| • | Be sure to indicate the emission unit that the control equipment is affecting. | | | | | |